

Application for Employment
COMPLETE PAGES 1 THROUGH 4 AND A

IMPORTANT INSTRUCTIONS: Please type or print in ink. Any area of application not applicable to you enter "N/A" - Do Not Leave Blank! If applying for more than one job, separate application forms must be submitted for each job desired. If additional space is required to answer or explain any part of this form, additional sheets should be attached. On "position desired", be specific - do not enter "anything" or "open", etc. Persons wishing to attach resumes are invited to do so. Make sure to complete pages 1-4 and page A.

THE CITY OF ROSWELL IS AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER. IT DOES NOT DISCRIMINATE ON THE BASIS OF RACE, CREED, COLOR, ANCESTRY, RELIGION, NATIONAL ORIGIN, AGE, SEX, SEXUAL ORIENTATION/GENDER IDENTITY, DISABILITY OR VETERAN STATUS.

NAME MUST MATCH THE NAME ON YOUR SOCIAL SECURITY CARD.

NAME _____
LAST FIRST M.I.

ADDRESS _____
STREET NO. STREET NAME OR BOX NUMBER

CITY _____ STATE _____ ZIP CODE _____

HOME PHONE _____ BEST CONTACT PHONE _____

SOCIAL SECURITY NUMBER _____ POSITION OPENING # _____

POSITION APPLYING FOR _____ DEPARTMENT _____

DOES A SPOUSE OR RELATIVE DIRECTLY OR INDIRECTLY SUPERVISE THIS POSITION?

YES ☐ NO ☐ NAME _____

HAVE YOU EVER WORKED FOR THE CITY OF ROSWELL? YES ☐ NO ☐

HAVE YOU EVER WORKED FOR THE CITY AS A CONTRACT TEMPORARY? YES ☐ NO ☐

IF YES, WHEN _____ WHAT DEPARTMENT? _____

WHO WAS YOUR SUPERVISOR? _____

EDUCATION

DO YOU HAVE A HIGH SCHOOL DIPLOMA OR G.E.D. CERTIFICATE? YES ☐ NO ☐

IF NO, WHAT WAS THE HIGHEST GRADE COMPLETED? _____

DO YOU HAVE A COLLEGE OR UNIVERSITY DEGREE? YES ☐ NO ☐

IF SO COMPLETE THE FOLLOWING:

NAME OF COLLEGE OR UNIVERSITY	CREDIT HOURS	DEGREE RECEIVED	ACADEMIC FIELD

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HRP-1001 (12-98)

EMPLOYMENT HISTORY

Provide the required information on every job you have held. Start with your present or last job.

DO NOT USE "SEE RESUME"

Employer		Employed		Supervisor's Name	
Address		From _____ Mo./Yr.		Your Job Title	
City, State, Zip		To _____ Mo./Yr.			
Telephone ()		May we contact this employer? <input type="checkbox"/> yes <input type="checkbox"/> no			
Your Salary		Duties			
Start	End				
Reason for Leaving:					

Employer		Employed		Supervisor's Name	
Address		From _____ Mo./Yr.		Your Job Title	
City, State, Zip		To _____ Mo./Yr.			
Telephone ()		May we contact this employer? <input type="checkbox"/> yes <input type="checkbox"/> no			
Your Salary		Duties			
Start	End				
Reason for Leaving:					

Employer		Employed		Supervisor's Name	
Address		From _____ Mo./Yr.		Your Job Title	
City, State, Zip		To _____ Mo./Yr.			
Telephone ()		May we contact this employer? <input type="checkbox"/> yes <input type="checkbox"/> no			
Your Salary		Duties			
Start	End				
Reason for Leaving:					

IF ADDITIONAL SPACE IS NEEDED, PLEASE CONTINUE ON A SEPARATE SHEET.

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Employer		Employed		Supervisor's Name	
Address		From _____ Mo./Yr.		Your Job Title	
City, State, Zip		To _____ Mo./Yr.			
Telephone ()		May we contact this employer? <input type="checkbox"/> yes <input type="checkbox"/> no			

Your Salary		Duties
Start	End	

Reason for Leaving:

OTHER SCHOOLS OR TRAINING: (FOR EXAMPLE TRADE, VOCATIONAL, ARMED FORCES OR BUSINESS. GIVE THE NAME AND LOCATION OF SCHOOL(S), DATES ATTENDED, SUBJECTS STUDIED, CERTIFICATES RECEIVED, ETC.)

COMPLETE ONLY IF REQUIRED BY JOB/POSITION DESCRIPTION.

LICENSES/CERTIFICATES: (TRADE, PROFESSIONAL, POLICE OFFICER, PUBLIC SAFETY DISPATCHER, ETC.)

OTHER EXPERIENCE, SKILLS AND ABILITIES: (INCLUDE ONLY EXPERIENCE, SKILLS AND ABILITIES YOU POSSESS WHICH WOULD APPLY TO THE JOB DESIRED - OFFICE/CLERICAL APPLICANTS INCLUDE TYPING SPEED, OFFICE MACHINES, COMPUTER EXPERIENCE, ETC.)

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We are required to comply with Federal/State Equal Employment and statistical record keeping requirements. We are asking your cooperation in providing the following information. THIS FORM WILL BE KEPT CONFIDENTIAL AND SEPARATE FROM THE ATTACHED APPLICATION FOR EMPLOYMENT.

NAME _____ SS# _____
Last First MI CONTACT

ADDRESS _____ PHONE _____

CITY _____ STATE _____ ZIP _____

SEX: MALE ☐ FEMALE ☐ BIRTHDATE: _____ AGE: _____

MONTH DAY YEAR

POSITION APPLYING FOR _____ POSITION
OPENING #: _____

DATE OF APPLICATION _____

MONTH DAY YEAR

ARE YOU A DISABLED VETERAN YES ☐ NO ☐

ARE YOU A VIETNAM ERA VETERAN? YES ☐ NO ☐

YOUR RACE/ETHNIC GROUP - CHECK ONLY ONE: (There is no category for multi-racial individuals)

- ☐ WHITE (Non-Hispanic) ☐ AMERICAN INDIAN / ALASKAN NATIVE _____
☐ BLACK (Non-Hispanic) ☐ ASIAN OR PACIFIC ISLANDER (INDICATE TRIBAL AFFILIATION)
☐ HISPANIC

WHAT INFLUENCED YOU TO APPLY FOR EMPLOYMENT WITH THE CITY OF ROSWELL?

- ☐ FRIEND/RELATIVE ☐ PRIVATE EMPLOYMENT AGENCY
☐ JOB POSTING BOARD/WALK-IN ☐ STATE EMPLOYMENT REFERRAL
☐ INTERNET
☐ NEWS MEDIA AD, WHICH PUBLICATION: _____
☐ OTHER (PLEASE SPECIFY), _____

DO NOT WRITE BELOW THIS LINE OR ON BACK OF THIS PAGE

DO NOT
WRITE
ON THIS
SIDE

Continue on Pages 3, 4 and A.

PERSONAL REFERENCE: LIST BELOW THE NAMES, ADDRESSES AND PHONE NUMBERS OF THREE PERSONS, NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.

1. NAME	ADDRESS (include zip)	YRS. KNOWN
PHONE:		
2. NAME	ADDRESS (include zip)	YRS. KNOWN
PHONE:		
3. NAME	ADDRESS (include zip)	YRS. KNOWN
PHONE:		

IMPORTANT INFORMATION/REQUIREMENTS

1. LEGAL DOCUMENTATION: If employed, acceptable legal documentation will be required within three days of the effective date of employment. Inability to provide appropriate documentation as required by Federal Law will result in immediate termination.
2. CONFIDENTIALITY OF INFORMATION: The City of Roswell will endeavor to keep the information confidential to the extent permitted by law. This application, along with any attachments, becomes the property of the City of Roswell.

ALL APPLICANTS - READ AND SIGN THIS SECTION

I authorize the investigation of all facts contained in this application together with any and all other facts which are reasonably necessary to determine my suitability for employment. I understand that any misrepresentation or omission of facts called for is cause for rejection of this application or dismissal after employment.

I understand that acceptance of this application does not constitute a contract or promise of employment. I further understand and agree, that if employed, my employment is for no definite period and may, regardless of the date of payment of my wages or salary, be terminated at any time without prior notice.

Applicant Signature

Date

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